

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)			Complete if Known		
			Application Number	10/815,034-Conf. #7805	
			Filing Date	March 31, 2004	
			First Named Inventor	Jean M. Crane	
			Art Unit	2632 2612	
Examiner Name	D. W. Goins				
Attorney Docket Number	030048139US				
Sheet	1	of	2		

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
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		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	MM-DD-YYYY			

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Examiner Signature	/Davetta Goins/	Date Considered	08/28/2007
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				Art Unit	2002 2612
				Examiner Name	D. W. Goins
Sheet	2	of	2	Attorney Docket Number	030048139US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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